



Department of Management & Budget  
Office of Retirement Services  
www.michigan.gov/ors (800) 381-5111  
P.O. Box 30171  
Lansing MI 48909-7671

## Inactive Member Verification

*For Public School or State Employees*

RETIREMENT SYSTEM (SELECT ONE)

☐ PUBLIC SCHOOL EMPLOYEES

☐ STATE EMPLOYEES

|                                   |                               |                           |
|-----------------------------------|-------------------------------|---------------------------|
| MEMBER'S NAME (LAST, FIRST, M.I.) | HOME PHONE NUMBER<br>(      ) | SOCIAL SECURITY NUMBER    |
| CURRENT MAILING ADDRESS           |                               | DATE OF BIRTH             |
| CITY, STATE, ZIP CODE             |                               | BIRTH PLACE (CITY, STATE) |

### Section I – Employment History

Please list the name of the Michigan public school(s) or department(s) within the state of Michigan where you worked and indicate when you worked there. If you worked for multiple schools or departments, list only the three most recent employers or the three where you worked the longest. Please list *only* public school or state employment information.

#### My employer was...

|                         |                            |
|-------------------------|----------------------------|
| NAME OF FORMER EMPLOYER | APPROXIMATE DATES EMPLOYED |
| NAME OF FORMER EMPLOYER | APPROXIMATE DATES EMPLOYED |
| NAME OF FORMER EMPLOYER | APPROXIMATE DATES EMPLOYED |

### Section II – Certification

*I certify that I have presented this form to a Notary Public. I understand that if the information I provide matches retirement records, the Office of Retirement Services will provide me a Member ID and password, which I can use to view and maintain my account status on the web. If records do not match, I will be notified by mail at the address listed above.*

|                  |             |
|------------------|-------------|
| MEMBER SIGNATURE | DATE SIGNED |
|------------------|-------------|

**Notary Public:** Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_

**Return this form to ORS, P.O. Box 30171, Lansing MI 48909-7671**  
**Make a copy for your records.**